VS A15C 1-55-10M

death. After this and red bay, of this

ed within 24 nours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2884 CERTIFICATE	OF	DEATH
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02866 Reg. Dist. No.

CITY	COUNTY Cabert - CO. MARYLAND	STATE Md. COUNTY Pr. Geo's
ADDRESS 8000 Walker Mill Rd STREET ADDRESS 8000 Walker Mill Rd DATE (Month) (Day) (Year) DEATH March 14 19 6 STREET ADDRESS 8000 Walker Mill Rd DATE (Month) (Day) (Year) DEATH March 14 19 6 S. SIX 6. GLOR OR 7. SINGLE MARRIER RD ROUGH DIVORCED (Specify) Married March 24, 1871 DO LUSTAL OCCUPATION (Give lind of work down adving most of weeking life, avan II 100. KIN OF RUSNESS DO LUSTAL OCCUPATION (Give lind of work down adving most of weeking life, avan II 100. KIN OF RUSNESS D. SIX 6. GLOR OR 7. SINGLE MARRIER RD ROUGH MARCH 24, 1871 D. JUSTAL OCCUPATION (Give lind of work down adving most of weeking life, avan II 100. KIN OF RUSNESS D. LEAD AND AND AND AND AND AND AND AND AND A	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporata limits, write RURAL and give nearest town)
STREET ADDRESS ACCOUNTING CONTROLL STREET ADDRESS SOOD Walker Mill Rd	TOWN (in this place)	TOWN Seat Pleasant
STREET ADDRESS	HOSPITAL OR	STREET (If rural give location)
DEATH March 14 19 6 The property of the prope		ADDRESS 8000 Walker Mill Rd
S. SEX 6. COLOR OR 7. SINGLE, MARRID. S. MEDICAL CERTIFICATION S. A. SEX 7. S.		
S. SEK 6-GOLOR OR ACC WINDOWS DIVORCES, Sepectly Married March 24, 1871 9. AGE least birthday Windows Days Mounts Man. Days Mounts Moun		Berry DEATH March 14 10 61
10a. USUAL OCCUPATION (Give Sind of work of the control of the c	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	
dons during most of working life, aven if TOTE CO Farming Own Farm Maryland U.S. A. 13. FAIRER'S NAME Thomas Berry Ella Belt 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If as, no, or unk.) (If yes, plo,	/// Narried March	24, 1871 89 yrs. Months Days Hours Min.
13. FAIRE'S NAME 14. MOTHER'S MAIDEN NAME Thomas Berry 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (17 Set, po., or unit.) (18 Set, po., or unit.) (19 Set, po., or unit.)		
Thomas Betty S. WAS DECASED EVER IN U. S. ARMED FORCES? I. SOCIAL SECURITY NO. I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH II. MEDICAL CERTIFICATION II. MEDICAL CERTIFICATION III. MEDI		Manager Target
15. WAS DECEASED EVER IN U. S. ABMED FORCES? IG. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS SOCIAL SECURITY NO. 17. INFORMANT ADDRESS SOC	13. FATHER'S NAME	
Tyes, no, or unk. (if Yes, give wer or deles of service) James B. Berry, Jr., Rd., S.E., Rd., S.E., S.E., Rd., S.E., S.E., S.E., Rd., S.E., S.E., S.E., Rd., S.E., S.E., S.E., S.E., S.E.,	Thomas Berry	Ella Belt
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION AUSING DEATH 199. DATE OF OPERATION 20. AUTOPSY? YES NO 21d. TIME OF INJURY (Monit) (Day) (Year) (Hour) 21s. INJURY OCCURRED M. All work SIGNATURE M. D. Prince ADDRESS (Street, city, town, steel) ADDRESS (Street, city, town, or country) BUT 121 214. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 19. DATE SIGNATURE 19. DATE SIGNATURE AND. Prince 10. CATION (City, town, or country) Status Contains The Control of the Control		TOO HALLOT MILLS
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Crebtal Demonstrated Cause		James B. Berry, Jr. Rd., S.E.,
Image Imag	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION PARENTE OF WENT
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 21c. WHERE DID INJURY OCCUR? (Chy or town) (County) (State) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21d. How DID INJURY OCCUR? While All work 21d. How DID INJURY OCCUR? While All		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, OC. 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF INJURY street, office bidg., etc.) 21e. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF INJURY street, office bidg., etc.) 21e. THE ETHER, NOTIFY MEDICAL EXAMINER 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) White at work at work 21d. TIME OF INJURY (Month) (Day) 21d. TIME OF INJURY (MO	MAEDIATE CAUSE (A) CENTEROTACE	semantinge & dais
GIVING RISE TO THE ABOVE CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO CONTRIBUTING CAUSE LOST DEATH 21e. ACCIDENT WAS UNDERLYING OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Monith) (Day) (Year) (Hour) White all work a	DISEASES OR CONDITIONS, IF ANY, (B)	2 march
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 190. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20c. AUTOPSY? YES NO 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) 21d. TIME OF INJURY (Month) (Day) (Wonth) (Day) (Year) (Hour) (State) 21d. Time OF INJURY (Month) (Day) (Wonth) (County) (Wonth) (County) (Wonth) (County) (State) (Wonth) (Day) (Wonth) (Day) (Wonth) (Day) (Wonth) (Day) (Wonth) (Day) (Wonth) (County) (Wonth) (Co	GIVING RISE TO THE ABOVE CAUSE	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 216. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) All Injury OCCURRED Not white at work M. all work at	(C)	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO 216. ACCIDENT WAS UNDERLYING 215. PLACE (Home, farm, factory, OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 216. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 217. MERCH DID INJURY OCCUR? (City or town) (County) (State) 218. PLACE (Home, farm, factory, OF INJURY Street, office bidg., etc.) 219. Let the of Injury (Month) (Day) (Yaar) (Hour) 210. Not while at work 2 If. How DID INJURY OCCUR? 2119. How	TO THE DEATH BUT NOT RELATED TO THE	
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OF INJURY Street, office bidg., etc.) 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OF INJURY Street, office bidg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State) 21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. INJURY OCCURED Not while at work 21f. How DID INJURY OCCUR? While at work 21f. How DID INJ		
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) 21d. TIME OF INJURY (Monith) (Day) (Year) (Hour) M. al work 21f. How DID INJURY OCCUR? While at work 21f. How DID INJURY OCCUR? ADDRESS (Street, city, town, stete) DATE SIGNED M. D. Prince Frederic Induction (City, town, or county) (Stete) BURIAL CREMATION, REMOVAL (SPECIFY) 3/17/61 St. BARNABAS CEMetery Location (City, town, or county) (Stete) M. D. Prince Frederic Induction (City, town, or county) (Stete) BURIAL CREMATION, REMOVAL (SPECIFY) 3/17/61 St. BARNABAS CEMetery Location (City, town, or county) (Stete) ADDRESS 22f. How DID INJURY OCCUR?	175. PALE OF GLERATION	
22. I hereby certify that I attended the deceased from	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
22. I hereby certify that I attended the deceased from Jan 19 61, to 3-13, 19 61, that I last saw the deceased alive on 3, 19 61, and that death occurred at 10:30 ft. M, from the causes and on the date stated above. ADDRESS (Street, city, town, stete) ADDRESS (Street, city, town, stete) DATE SIGNED M.D. Prince Frederick, 111d. 3-14-61 23: BURIAL CREMATION, REMOVAL (SPECIFY) BURIAL (SPECIFY) BURIAL (SPECIFY) 3/17/61 St. BARNABAS CEMEtery Leeland Md. 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	While Not while	H. HOW DID INJURY OCCUR?
alive on		10 / / . 2 / 3 / /
ADDRESS (Street, city, town, stete) M.D. Prince Frederick, 111d. 3-14-6/ 23: BURIAL CREMATION, REMOVAL (SPECIFY) BURIAL SPECIFY 3/17/61 St. BARNABAS CEMetery Leeland Md. 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		
M.D. Prince Frederick, 111d. 3-14-6/ 23: BURIAL CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Burial (SPECIFY) 3/17/61 St. BARNABAS CEMetery Leeland Md. 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	signature , 19.66, and that death occurred at	
23: BURIAL CREMATION, REMOVED (STate) BURIAL (SPECIFY) BURIAL (SPECIFY) 3/17/61 St. BARNABAS CEMetery Leeland Md. 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Chall Ist	,
Burial St. BARNABAS CEMetery Leeland Md. 24. REC'D BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	23: BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR C	CREMATORY LOCATION (City, town, or county) (Stata)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		
	The state of the s	
	DATE MAR 22 '61 Civing S. Kind	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

2005

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. PLACE OF DEATH		1	-0-5-1-0201	1.13016.	1	3		,	INDO	
a. COUNTY	vert		MARYLAND	2. USUAL RESID a. STATE Maryla	24	ere deceased live	b. COUNTS	cal ve		ission)
b. CITY OR TOWN RURAL and give	(If outside carporate lim		c. LENGTH OF STAY IN 18	c. CITY OR TO		otside corporate	limits, write RU	JRAL and giv	ve nearest to	wn)
d. NAME OF HOSP OR INSTITUTION	ITAL (If nat in haspital,	give street	address)	d. STREET AL	DDRESS				e. IS R ON YES	A FARM?
B. NAME OF DECEASED (Type or print)	David	rst	Middle Bj	lost cooks		4. DATE OF DEATH	Mont	th	Doy 30	Year 1961
S. SEX M	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED DIVORCED		,189		AGE (In years ast birthday) 70 yrs.	-	YEAR IF UN Days Hour	7
oa. USUAL OCCUPAT during most of wo Farmer	ION (Give kind of work rking life, even if relired	dane 10b.	KIND OF BUSINESS OR INI		ce (Stote o	_	гу)	12. CITIZI	S.A	COUNTR
3. FATHER'S NAME Joh	n Brooks			Henrie		_{AME} Kvler				
	ER IN U. S. ARMED FOI (If yes, give war or dates of	service)	SOCIAL SECURITY NO. 17 18-26-2927	INFORMANT Elizab		Brooks	Addr Hunti		, Md	
1771	IMMEDIATE CAUSE (7/1 0 //4 0/1/	7	1/6					
Conditions, if gove rise to couse (o), stoting lying cause last	the <u>under:</u> DUE TO	c)								
gove rise to couse (o), stoting lying cause last PART II. O	immediate DUE TO 3 the <u>under-</u> (I) THER SIGNIFICANT CON	c)	ONTRIBUTING TO DEATH E					EN IN PART	PER	FORMED?
gove rise to couse (a), stoting lying cause last PART II. O' PART III. O' OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIF	immediate g the under: THER SIGNIFICANT CON AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	c)NDITIONS C	CRIBE HOW INJURY OCCUR	RED. (Enter nature af	finjury in P	art I or Port II (of item 18.)	EN IN PART	PER	FORMED?
gove rise to couse (a), stoting lying cause last PART II. O' PART III. O' OR CONTRIBUTING (IF EITHER, NOTIF 20c. TIME OF INJU	immediate g the under: CHER SIGNIFICANT CON AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Manth, Doy, Ye	c)NDITIONS C	CRIBE HOW INJURY OCCUR NJURY OCCURRED Not while		injury in P	art I or Port II	of item 18.)		PER	FORMED?
gove rise to couse (a), stoting lying cause last PART II. O' OR CONTRIBUTING (IF EITHER, NOTIF Hour o. m. p. m.	immediate g the under: THER SIGNIFICANT CON AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Manth, Doy, Ye 19 at (1) (this haspita	20b. DESC While of war	NJURY OCCURRED Not while at work 20e.	PLACE OF INJURY (Foctory, street, affice	dome, form, bldg., etc.	art I or Port II	town)	(Cc	PER YES ((Sta
gove rise to couse (a), stoting lying cause last PART II. O' O' O' CONTRIBUTING (IF EITHER, NOTIF Hour o. m. p. m. 21. I certify the saw the decer 220. signature	immediate g the under: THER SIGNIFICANT CON AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Manth, Doy, Ye 19 at (1) (this haspita	20b. DESC While of war	NJURY OCCURRED Not while at work 20e.	PLACE OF INJURY (Hefactory, street, affice	dome, farm, bldg., etc.,	20f. (City or M., fram the	town)	(Cc	PER YES ((Stall (we) lo
gove rise to couse (a), stoting lying cause last PART II. O' O' CONTRIBUTING (IF EITHER, NOTIF Hour o. m. p. m. 21. I certify the saw the decey.	immediate g the under: THER SIGNIFICANT CON AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) RY Manth, Doy, Ye 19 at (1) (this haspita	20b. DESC While of war	NJURY OCCURRED Not while at work 20e.	PLACE OF INJURY (Infactory, street, affice	dome, farm, bldg., etc.,	20f. (City or M., fram the	town) causes an	(Cc	PER YES ((Stall (we) lo
gove rise to couse (a), stoting lying cause last PART II. O' O' O' CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF INJUMOUS TO ME T	THER SIGNIFICANT CON AS UNDERLYING CON CAS UNDERLYING CON (I) (AS UNDERLYING CON (II) (AS UN	20b. DESC 20b. DESC 20b. DESC While of war	NJURY OCCURRED Not while at work 20e. led the deceased from 2.19 6/2, and tha	PLACE OF INJURY (Hefactory, street, affice	dome, farm, bldg., etc.,	20f. (City or M., fram the	town) c causes an STAFF PHYS. N (City, town, a	(Ca 31, 1961 d an the	PER YES [(Ste

TO HOSPITAL OR ATTE

G PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deay
may 1. Sebined by the pital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fit of in by the funeral director,
page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with
the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.

G PHYSICIAN: The law requires that the death certificate be executed within

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2825 this charge could will

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attending physician and campletely fille to by the funeral attector,	in please remave carbon papers. Pages I and 2 should be filed with	
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campletel	papers. P	-
an and	carbon	
physici	emave	
Itending	in please remave carbon pa	
0	g .	

	2886 CERTIFICA	ATE OF DEATH	02868 Dist. No.
	1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE Where deceased lived. If institution: resid b. COUNTY	ence before admission)
	b. CITY_OR TOWN (If outside corporate limits, write RORAL and give nearest lown)	c. City OR TOWN (If outside corporate limits, write RURAL on	d give nearest town)
1	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO D
X	3. NAME OF DECEASED (Type or print) William Henry	Leck 14. DATE Month OF DEATH 3	Day Yeor
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	auf 16/880 dest birthdoy) Months	ER 1 YEAR IF UNDER 24 HRS. Doys Hours Min
	10a. USUAT DCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. STRTHPLACE (State or foreign country) 12. (CITIZEN OF WHAT COUNTRY
(I)	13. FATHER'S NAME H Creek Se	14. MOTHER'S MAIDEN NAME.	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? IS SOCIAL SECURITY NO. 17. 1 (Yes, no. or unknown) (If yes, give wor or dates of service) (In passars as 1)	ishe Gelf Duni	ma
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), 008 (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	varacle reval die	INTERVAL BETWEEN ONSET AND DEATH
	Condition if one which)		
	gove rise to immediate couse (a), stating the under-lying couse lost. (b) DUE TO (c)	***	
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)	
	20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PL. While Not while of work of work of work 2	ACE OF INJURY (Home, form, 20f. (Gity or town)	(County) of (State)
	21. I certify that I attended the deceased from Morch		I last saw the deceased
1	ACTUAL HILL	ADDRESS (Street, city or town, stote)	the date stated above
	PHYSICIAN'S NAME (Type)	M.D. (Survey)	
0	220. BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY 9	R CREMATORY (22d. LOCATION (City, town, or gounty	(Stote)
b,	23. FLYSTRAL DIRECTOR'S SIGNATURE ADDRESS ADDR	240. REC'D BY REGISTRAR 24b. REGISTRAR'S	0 -
	JA JA	DATE	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2887 CERTIFICATE OF DEATH

Rea. Dist.	()	2	8	6	9
Ren. Dist.	No.		_		-

o. COUNTY	Calvert		MAI	RYLAND	o. STATE Mai	(Where deceosed ryland	d lived. If institution b. COUNTY	-	e before o	
RURAL and give n	(If autside carporote limi nearest tawn) ings	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN		rate limits, write RI	URAL and g	ive nearest	town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, g	give street	address)		d. STREET ADDRESS	S				S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	MAGGI	E	BLANCH	E	DOWELL DOWELL	4. DATE OF DEATH	March		Doy 22	Yeor 19 61
5. SEX Female	6. COLOR OR RACE White	WIDOW	ED DIVORO	ED 🗍 🖁		1868	9. AGE (In years last birthday) 92 yrs.			UNDER 24 HRS. ours Min.
10a. USUAL OCCUPATION during most of war Housew.	ON (Give kind af wark rking life, even if retired ife	done 10b.	NIND OF BUSINESS Domestic		11. BIRTHPLACE (SI	A THE PARTY	ountry)	12. CITI	ZEN OF W	HAT COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAIDE	NAME				
Joseph	Crandell				Eliza I	Howard				
15. WAS DECEASED EVE (Yes. no. or unknown) NO	ER IN U. S. ARMED FOR Ilf yes, give wor or dates of s		SOCIAL SECURITY N	17. INF	CRMANT,	h Don	well (11	nçs	md.
Canditions, if a gave rise to a cause (a), stating lying cause last. PART II. OT 20a. ACCIDENT W.	the under- DUE TO (C	DITIONS	Resulted CONTRIBUTING TO DE	EATH BUT NO	andre			1 C EN IN PART	ONSET /9	VAS AUTOPSY ERFORMED?
(IF EITHER, NOTIFY 20c. TIME OF INJUI Haur a. m. p. m.	G CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Day, Ye	or 20d. II While at wor	NJURY OCCURRED Nat while k at wark	20e. PLACI factor	OF INJURY (Hame, 1 y, street, affice bldg.,	form, 20f. (City	or tawn)	(C	ounty)	(State)
alive an 3/. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATIC REMOVAL (Specify	1 March 2.	19 1	22c. NAME OF CE	nt death a	jo Cem.	ADDRESS (SI	TION (City, tawn, a	nd an th	Gd	
23. FUNERAL DIRECTOR	* Tunera	e A	and O	win	24g. R DATE	MAR 2 8		TRAP'S SIG		cd.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W STREET, BALTIMORE 1, MARYL CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission e. COUNTY a. STATE b. COUNTY b. CITY OR TOWN (if outside corporate limits, CALVERI MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town) TREDERICK d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS CALVER 3. NAME OF 4. DATE DECEASED (Type or print) AGE (In years | IF UNDER 1 YEAR last birthdey) Months WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) WILMINGTON 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 8. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immediate cause DUE TO (e), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from 19 4.4 saw the deceased alive out 220. SIGNATURE ATTENDING MED STAFF DIRECTOR PHYS. PHYS. M.D. 22d. ADDNESS 22c. PHYSICIAN'S

pa COMP carbon and physician remove O.B. 14 0

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23e. BURIAL, CREMATION, | 23b. DATE THEREOF

REMOVAL (Specify)

24 FUNERAL DIRECTOR'S SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY

25a, REC'D BY REGISTRAR

23d, LOCATION (City, town or county)

MAR 6

e. IS RESIDENCE

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

Mccecius

PERFORMED? NO

(State)

22b. DATE SIGNED

(State)

Days

ON A FARM? YES NO

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MARYLAND STATE DEPARTMENT OF HEALTH 2889 CERTIFICATE OF DEATH

02871

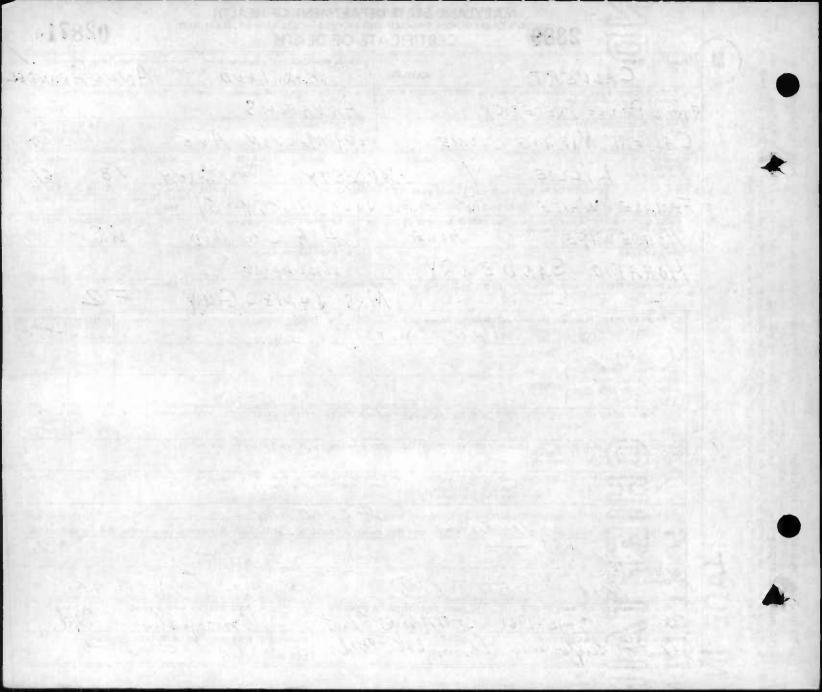
1 3			
	PLACE OF DEATH O. COUNTY CALVERT MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	before admission)
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	e nearest town)
Ì	RURAL PINCE PREDERICK	ANNAPOLIS	0210-
	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
0	CALVERT NURSING HOME	409 MELVIN AVE	YES NO Z
	3. NAME OF DECEASED (Type or print) LILLIE Middle	PDESTY 4. DATE Month OF DEATH MARCH	3 196/
1		The state of the s	YEAR IF UNDER 24 HRS.
1	FEMALE WHITE WIDOWED DIVORCED	JULY 14, 18/9 8/ yrs.	
V	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES OF WORKING Life even if retired) HOME	A.A.Co. Mp. U	S WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	VFORMANT Address	
	(Yes. no, or unknown) (If yes, give war or dates of service)	ARS VAMES GUY #	2
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	4/ 10	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (a) Cerronia	y allerus	Crunelles?
	DUE TO		
	Conditions, if only, which (b)	(
	gove rise to immediate couse (a), stating the under-		
	lying couse lost. (c)		. Ja iva uzacy
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	PERFORMED? YES NO
2	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 1B.)	
	= fee	ACE OF INJURY (Home, farm, 20f. (City or town) (Cortory, street, office bldg., etc.)!	unty) (Stote)
	Hour o. m. p. m. 19 While Not while of work of work		
	21. I certify that (I) (this haspital) attended the deceased fram	Dec 10, 1960, ta 19	., that (I) (we) last
		death accurred at 24.M, from the causes and an the c	
	220. SIGNATURE	M.D. PHYS. DIRECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) PACE O. JETT M.D.	22d. ADDRESS RIVER FRESTER	06
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY O	R CREMATORY 23d. JOCATION (City, town, or county)	(Stote)
	Bungle 3-15-1961 St Mays	Lent amakolis	Md.
6	24 FUNERAL DIRECTOR'S SIGNATURE CADDRESS AND ADDRESS	MAR 15'61 Circhy 8.	LATURE
1	Joen 111 Luyar - To ormales	DATE MAR 15'61 Chim d.	

at by the funeral director, and 2 should be filed with TO HOSPITAL OR ATTENDED TO PHYSICIAN: The low requires that the death certificate be executed within 24 may be retained by the pital or attending physician.

TO FUNE DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled page 3 would be detoched for use as the burial-transit permit. Then please remave carbon papers. Pages the State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 hours offer-death.

G PHYSICIAN: The low requires that the death certificate be executed within 24 hours after dea

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. 02879 2890 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write be c. LENGTH OF STAY IN 16 c. CITY OF TOWN (If outside corporate limits, write RURAL and give negrest town) RUNAL ondraive neorest Jown) un P Carren d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS OR INSTITUTION YES NO NAME OF Middle 4. DATE Month Yeor DECEASED OF (Type or print) DEATH 190 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months WIDOWED | DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY A. BIRTHPLACE HITTER TO FOREIGN COUNTRY) 12. CITIZEN OF WHAT COUNTRY? most of working life, even if retired) ofter 13. FATHER'S MAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no. or unknown) (If yes, give war or dates of service) -0-32-647 attending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. burial-transit PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o. m. foctory, street, office bldg., etc.) While Not while of work of work p. m 21. I certify that I attended the deceased from that I last saw the deceased alive an_ and that death accurred at//_ M, fram the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL CLIN PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) the zunderland ma 0 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATE MAR 2 8 '61 aritur & Heaved 15M 10/57

and Military and the Control of the State of the Control of the Co

FOR STATE TO DIVIUIX MEDIA EXAMINER: This certificate should be executed within 24 hours after death. If the delay is nec please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to 1. The internal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be refained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2, with the State Board of Heath, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	2891 MEDICA	L EXAMINER	S CERTIFICA	TE OF	DEATH	02879
1. PLACE OF DEAT	H		2. USUAL RESIDEN	NCE (Where day	ceased lived, If institut	ion: Residence before edmission)
e. COUNTY Ca	lvert	MARYLAND	e. STATE Mas	ryland	b. COUNTY	Anne Arundel
	(if outside corporete limits,	c. LENGTH OF STAY IN 1		(If outside corpo	rate limits, write RURA	L and give nearest town)
-	Frederick		Edd	gewater		DJXLD
	PITAL OR INSTITUTION (if not in	hospitel, give street address)	d. STREET ADDRESS			e. IS RESIDENCE
Calvert	County Hospita	1	Box 401	В.		YES NO TO
3. NAME OF	First	Middle	Last	4. DATE	Month	Day Yaar
(Type or print)	CATHERINE	Н	ROBERTSON	OF DEATH	March	8 19 61
5. SEX	6. COLOR OR RACE 7. MAR	RIED TENEVER MARRIED	B. DATE OF BIRTH	9.		DER 1 YEAR IF UNDER 24 HRS.
Female	White WIDO		January 1, 1	1915	last birthday) Mont	hs Days Hours Min.
10a. USUAL OCCUPA done during most of w	TION (Giva kind of work orking life, even if retired)	. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Slete	e or foreign coul	nlry) 12	CITIZEN OF WHAT COUNTRY?
Housev		Own Home	Virgini	ia	545	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
John H	all		Catheri	ne Dunn		
		6. SOCIAL SECURITY NO. 17	INFORMANT		Address	
no no	(If yes give war or dates of service)	223-16-1233 M	r Newton L. R	Rebertso	n- Husband	- Same as # 2
	DEATH [Enlar only one cause po					INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	ty Liver.				ONSET AND DEATH
5 21	2	on minera				
101	DUE TO					AND THE PROPERTY OF
Conditions, if an	10/					
(a), steting the	PUE TO					
cause last.) (c)					
PART II. OTHI	ER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE C	ONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. EXTERNAL C		CRIBE HOW INJURY OCCURED	. (Enter natura of Injury In Pe	art I or Part II of	item 18.)	
PRIMARY Or C						
20c. TIME OF INJ	W		PLACE OF INJURY (Homa, far actory, streat, office bldg., at		or lown)	(County) (Slele)
	that I took charge of the r		held an Autoney	Inspection	, Inquiry	, and in my opinion
death resulted		_ / / _	ricide . Homicide		letermined manner	
	- /		CHIEF MEDICAL	EXAMINER		
ACTUAL	Dhoules 5	Tetter	ASSISTANT ME	DICAL EXAMINE	R 📆	DATE SIGNED
SIGNATURE_	Commo s.	1 eug	M.D.	AL EXAMINER	Table 1	3/9/61
NAME (Typa)	Chanles S	Petty, M.D.		, city, town, or c	J (mpty)	3/19/101
22a. BURIAL, CREMATI REMOVAL (Specif	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY			ON (City, town, or co	untry) (Stele)
Burial	March 13,61	Arlington Nat		Arling		
23 FUNERAL DIRECTO	OR Jasping &	ADDRESS		C'D BY REGISTR	AR 246. REGISTRAR	
Hopping Pt	ineral/Home//	Annapolis, Mar	y Land DATMA	R 1 4 '61	arthur.	S. Kraus

THE PROPERTY OF THE PROPERTY O Clabring and Design Space Jeens redame_ba is to as or or Livingol vanio dravisi Y . [] , HTridat C THAT WE THE D 3010 Dennes 1, 1915 Ferale Weiks et inst Housewallo. Letierine lunn the manage of the state of the SECT TITLE TEVEL TURES 77 - / / . * * E SECOND will each 12,61 elimton tirrl limto, in interinfinite of the nino

STREET OF THE MY IN SECURITATE CHARTENAM.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2892

CERTIFICATE OF DEATH

One Disk No	02874
Keg. Dist. No.	1160004

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1. PLACE OF DEATH o. COUNTY	CALVERT		MARY		USUAL RESIDENCE o. STATE MARY	(Where deceased	d lived. If instituti b. COUNTY	1 200	e before od	
RURAL ond give	N (If outside corporate limi e neorest town) ce Frederick		LENGTH OF STAY	IN 16	c. CITY OR TOWN					
	SPITAL (If not in hospital, a	ive street add			d. STREET ADDRES				0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fie	st	Middle	11.8	Lost	4. DATE OF DEATH	Mor		Day	Year
5. SEX	6. COLOR OR RACE	48	NEVER MARRIE		TE OF BIRTH	OF DEATH	9. AGE (In years lost birthdoy)	IF UNDER T	17 YEAR IF U	
Female	White	WIDOWED			ctober 2		1 76 yrs.			
Hous	ATION (Give kind of work overking life, even if retired SEWIFE	}	Domestic			Germany	ountry)			HAT COUNTRY?
13. FATHER'S NAME	Unknov	v n		14	. MOTHER'S MAID		Unknown			
15. WAS DECEASED (Yes, no. or unknown)	EVER IN U. S. ARMED FOR		CIAL SECURITY NO.	17. INFO	MANT		Add	ress		
No			5-42-2816	Miss	Emma Ev	vald	Nort	h Bea	ch, M	d.
gove rise to couse (o), stotilying couse to	ong the <u>under.</u> DUE TO (c) DITIONS CO						/EN IN PART	PE	AS AUTOPSY RFORMED?
	WAS UNDERLYING NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OF	CURRED. (E	nter noture of injury	y in Part I or Par	t II of item 18.)			
20c. TIME OF INJ	m. 10	While	URY OCCURRED Not while of work		OF INJURY (Home, street, office bldg.,		or town)	(C	ounty)	(Stole)
ACTUAL SIGNATURE	that attended the	2, 126	, ond that	death occ	, 19 <i>60</i> , to	6PM, from ADDRESS (Se	treet, city or town,	and an th		
NAME (Type)	George J.		S Mc. NAME OF CEME	TERV OR CR			ION (City, town,			CA-A-\
Burial Spec	March 20		Presp		11		Washing	ton.	D. C.	Stole)
23. FUNERAL DIRECTO	OR'S SIGNATURE	Hom	e ADDRESS OW	ings	Sud. 240. DATE	REC'D BY REGIST	RAR 24b. REGI	STRAR'S SIG	NATURE	

Ain by the fune or director, I and 2 should be filed with D FUNEARY DIRECTOR: After this certificate has been signed by the attending physician and campletely fit page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death. TO FUN VS A1S (4) 1SM 9/5S

NG PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after di

TO HOSPITAL OR ATT

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			· Service Comment
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where/deceased lived. If Institution/Residence before admission) PLACE OF DEATH o. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. JENGTH OF STAY IN 16 c. CITY/OR/TOWN (If outside corporate limits, write RURAL and give nearest town) 0 d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF 4. DATE Middle Lost Manth Day Year DECEASED DEATH (Type or print) for 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. 6. COLOR OX RACE 9. AGE (In years Manths Hours Min. Days WIDOWED | DIVORCED T yrs. 10a. USUAL OCCUPATION (Give kind af wark dane during mass of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? W/ 81RTHPLACE (State ar/fareign country) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME S 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INEORMANT Address (If yes, give war or dates of service) Give 18. CAUSE OF DEATH [Enler only one cause per line for (a), (b), and (c)e PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) burial-transit DUE TO Canditions, if ony, which gave rise to immediate cause alang DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS 90 PERFORMED? NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | shauld 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City of tawn) (Gaunty) (State) While at work at work factory street Page 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection | . and find that to the Chief DIRECTOR: 6 Accident , Suicide , deoth resulted from: Natural causes Homicide , Undetermined couse Ch. DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE FUNERAL I ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) Farm (State) WVAL (Specify) 0 ADDRESS 24b. REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR MAR 8 arihun S. Krous VS. AISME(5) SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

19 EXIL THE HEAST POSTADE MEDI	
Transfer of the American Control of the Control of	

4 haurs after death Page 4	by the funeral director,	I and 2 shauld be filed with		7
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	may be trained by the bital ar attending physician. • FUNE At DIRECTOR: The this certificate has been signed by the attending physician and campletely filled.	page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 7 and 2 should be <u>filed</u> with	the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death.	
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VR A1S (4) 15M 9/59

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1.	PLACE OF DEATH O. COUNTY CA/VERT CU.	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	e before admission)
	b. CITY OR TOWN (If outside carporote limits, write RURAL and give neorest town)	NGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ve nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress OR INSTITUTION Lettch's NURSING	11	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Middle	Lost 4. DATE MARCH 26	Por Year 19 6
S.	SEX 6. COLOR OR RACE 7. MARRIED [DIVORCED	8. DATE OF BIRTH 13. 1869 9. AGE (In years last birthdoy) yrs. Months	TYEAR IF UNDER 24 HRS. Doys Hours Min.
10	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OF BUSINESS OR INDU	NEAR Memply Tenn 12. CITIZ	CEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	UNKNOWN		UNKMICWN	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA (If yes, give war ar dates of service) 220	- 30-6575 7	Mon Par Hugh P. Le Clair	17 Molhie
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]	1 + 1-	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	mary	Mail alsoze	
	TO DUE TO	1		
	Conditions, if ony, which gove rise to immediate (b).	U		
	couse (o), stoting the <u>under-</u> DUE TO			
z	lying couse lost.) (c) (c)	BUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY
ICATIO				PERFORMED? YES NO
L CERTIF	20g. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IOW INJURY OCCURR	ED. (Enter noture of injury in Port I or Port II of item 18.)	
MEDICA			LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	ounty) (Stote)
	21. I certify that (I) (this haspital) ottended th		4-	, that (I) (we) lost
	saw the pecased olive on 27 220. SIGNATURE	9. , and that	death occurred of A.M., from the causes and an the	dote stoted obove. 22b. DATE SIGNED
	22c/PHYSICIANS NAME (Type)	0	M.D. PHYS. DIRECTOR PHYS. D	md
23	BURIAL, CREMATION, 236. DATE THEREOF 23c. REMOVAL (Specify) MARCH 29 96/	NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town, or county)	(Stote)
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS PAR DOM	250. REC'D BY REGISTRAR 250. REGISTRAR'S SIG	NATURE

-165 all a record of the Arth Millian South AZA Lord Joseph and State of the Area Control WALL WILLIAM ALL THE THE PARTY OF THE PARTY Education of the same of the s the state of the s TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter deoth. If any delay is necessory leave executed the state certificate,

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TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation. or removof.

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THE TOTAL CITECTOR.	age 5 may be retained for y. Files.	I and 2 with the registror prior to burial, cremation,	
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' caRo	oge 5 mo)	e poges 1	

		NENT OF HEALTH—BALTIMORE, 18 'S CERTIFICATE OF DEATH 12.27
1.	2895 MEDICAL EXAMINER' Item 22a & 9. Film G28	D. OLA AL. SERVEY
-	b. CITY-OR TOWN [if outside corporated limits, write RURAL c. LENGTH OF STAY IN 1b	March Charles
L	Min Jones	Muse four
	MAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3.	NAME OF DECEASED (Type or print) Next Decay (Type or print)	A. DATE Month Doy Year OF DEATH 3 25 196/
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR IF UNDER 24 HRS. Mgnths Days Hours Min. 7. 1960 Yrs. Mgnths Days Hours Min.
10	o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (State or fereign country) 12. CITIZEN OF WHAT COUNTRY
13	FATHERIS NAME	14. MOTHER'S MAIDEN NAME
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	informant follers the Pt Mac
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (o). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Responsible of the control of the control of the control of the cause (o).	interval Between ONSET AND DEATH
	541. DUE TO	
	Conditions, if ony, which gove rise to immediate cause (b)	
	(c), stating the underlying DUE TO couse lost.	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NOT
	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part 1 or Part 11 of item 18.)
MEDICAL		LACE OF INJURY (Home, form, octory, street, office bldg., etc.) (City or town) (County) (State)
	21. I certify that I took charge of the remain described ob	pove, held on Autopsy 🔲, Inspection 🔲, Inquiry 🔲, and find the
	deoth resulted fram: Natural causes , Accident , Su	uicide [], Homicide [], Undetermined couse [].
	ACTUAL SIGNATURE TIME CONTROL OF THE SIGNATURE	M.D. CHIEF MEDICAL EXAMINER []
	EXAMINER'S Own led	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D 3/25/6/
22	BURIAL CRIMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, town, or county) (State) Heriting Town, Md.
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE OATE MAR 28 61 OATE ATTENDED
-	ricin security them the Truck	CALCITY DATE

VS. A15ME(5) 5M 9/55

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	The state of the s		
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			Land Control
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	2	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
du du		1 tem 9 Film G284 4/10/61 iwk Reg. Dist. No.
nould b	1	1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY b. COUNTY
Pog Pog	M	b. CITY OR TOWN (If ourside carporate limits, write RURAL ond give nearest town) Cond give negrest town) 2 3 4 5
y is nece director. les. prior ta	X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES MO
ungral elegistron	13	3. NAME OF DECEASED (Type or print) The GIBSON TORNE OF DEATH 3 27 196
子ろとま	54	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 22 1906 9. AGE (In years lost birthday) Months Days Hours Min.
2, ond 3 be retoi		100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIPTHPLACE (Slote of foreign country) 12. CITIZEN OF WHAT COUNTRY Of WILLIAM MCKCIAG LEC
1, 1	(I)	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME ANNIE Bell
4 00 e		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes, give wor or doles of service)
ive ive		YES WWI 204050747 RALPH TURNER GALESUILLEM
P.M.3. G. mit.		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)] INTERVAL BETWEEN ONES AND DEATH
em 18 form		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (OX 1 COLOR)
in He with furnisi		DUE TO
		Conditions, if any, which gave rise to immediato cause
penci penci olang burial		(a), stoting the underlying DUE TO
office of os o		PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
nding r's Of		5 Buttlead in an at Mrs & Smith YES NOD
Pe e e	0	PART II, OTHER SIGNIFICANT CONTRIBUTIONS CON
word ' L' Exam should		17 1 Por Control Millian Control
2 0 0 m		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) Hour o. m.
A . G		21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry, and find that
2 2 2		death resulted fram: Natural dauses, Accident, Suicide, Hamicide, Undetermined cause
ote, he Cl		ACTUAL A)////CAA)
	1	SIGNATURE M.D. CHIEF MEDICAL EXAMINER
the cer VERAL mavol.	-	EXAMINER'S NAME (Type) ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 3/2//
m . 5 5	18	220. BURJAD CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
01 01 pg 01	30	Dilla March 30,1961 18 + Zion Lothian Md
V\$. A15ME(5)	W.	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE
5M 9/55		NAICHERTY FUNERAL HOME & CENESVILLE MAY DATE
		v sevenis 1

K = 1				-	
		100 100 40			
				FI 1863	
		3000			
MAKE MAR	V _a				
					Commence of the
				* * * * *	
				* * * * *	

G PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

retained by the

TO FUNS

VS A15 (4) 15M 10/57

TO HOSPITAL OR ATTEN

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2897

CERTIFICATE OF DEATH

Reg. Dist. No. 02879

1. PLACE OF DEATH	alvert		MAI	RYLAND	O. STATE		ere decessed land	l lived. If institut b. COUNTY		nce before alve		on)
b. CITY OR TOWN (RURAL and give n Dunk	If outside corporate limited earest town)	ts, write	c. LENGTH OF STA	ars	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Dunkirk							
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)		d. STREET AD	DRESS					IS RESID	ARM?
3. NAME OF DECEASED (Type or print)	ALVIN		LEWIS	lle	WALTON		4. DATE OF DEATH	March		Day 21		61
s. sex male	6. COLOR OR RACE White	7. MARR			8. DATE OF BIRTH August	9, 1	885	9. AGE (In years last birthdoy) 75 yrs.	Months Months	Doys I	UNDER	24 HRS. Min.
Og. USUAL OCCUPATION during most of wor Farmer	ON (Give kind of work king life, even if retired			or INDU			yland			TIZEN OF	WHAT (OUNTRY
3. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
Charle	s Walton				Unkn	own						
S. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	10. 17. 1	NFORMANT			Ado	lress			
20		2	20-40-46	57 K	ing Wal	ton,	Dun	kirk, M	aryl	and		
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	the under-)	EMILE E	sus	au	em	la.		•	19	5	6
CAT	HER SIGNIFICANT CON		guinten (*-1)**						VEN IN PAR		PERFOR	MED?
CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter noture of	injury in P	ort I or Port	If of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes	While of work	Not while of work		ACE OF INJURY (History, street, office I			or town)	((County)		(Stote)
21. I certify the alive an 3/2 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at 1 attended the Age C	decease 196		at death	occurred at 2		AM, fram	1 , 19 6. the causes of the cause of th	and on t	last saw the date	stated	lecease d abave E SIGNE 3-2/
200. BURIAL, CREMATIC REMOVAL (Specify) BURIAL	Mar. 23		22c. NAME OF CE	METERY O	R CREMATORY	us.	22d. LOCA	ION (City, tokn,	or county)	``	(Stote)	/ _
23. FUNERAL DIRECTOR	s signature	al.	ADDRESS	Own	no mi	24a. REC'D	MAR 2 3	104	Carthur	GNATURE 8 Hz		